

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SANTA ANA REGION**

**TENTATIVE MONITORING AND REPORTING PROGRAM NO. R8-2002-0014
FOR GENERAL WASTE DISCHARGE REQUIREMENTS
FOR
SEWAGE COLLECTION AGENCIES
IN ORANGE COUNTY**

This Monitoring and Reporting Program (MRP) establishes monitoring, recordkeeping, reporting and public notification requirements for Order No. R8-2002-0014, "General Waste Discharge Requirements for Sewage Collection Agencies in Orange County within the Santa Ana Region." Revisions to this MRP may be made at any time by the Executive Officer, and may include a reduction or increase in the monitoring and reporting.

A. DEFINITIONS

1. **Sanitary Sewer Overflow** - A sanitary sewer overflow (SSO) is any overflow, spill, release, discharge or diversion of wastewater from a sanitary sewer system. SSOs include:
 - (i) overflows or releases of wastewater that reach waters of the United States;
 - (ii) overflows or releases of wastewater that do not reach waters of the United States; and
 - (iii) wastewater backups into buildings and on private property that are caused by blockages or flow conditions in a sanitary sewer, other than a building lateral. Wastewater backups into buildings caused by a blockage or other malfunction of a building lateral that is privately owned is a SSO when sewage is discharged off of private property into streets, stormdrains, or waters of the State.
2. **Sanitary Sewer System** – Any system of pipes, pump stations, sewer lines, etc., used to collect and convey sewage to a treatment plant. Temporary storage and conveyance facilities (such as vaults, temporary piping, construction trenches, wet wells, impoundments, tanks, highlines, etc.) are considered to be part of the sanitary sewer system, and discharges of sewage to these facilities are not sanitary sewer overflows,

B. REPORTING REQUIREMENTS

1. If samples are collected, monitoring results must be reported on discharge monitoring report forms approved by the Executive Officer.
2. Records shall be maintained by the discharger for a minimum of five years from the date of the sample, measurement, report or application. This period may be extended during the course of any unresolved litigation regarding a discharge or when requested by the Regional Board Executive Officer.
3. All records shall be made available for review upon RWQCB staff's request.
4. All calibration and maintenance records. All monitoring instruments and devices that are used by the discharger to fulfill the prescribed monitoring program shall be properly maintained and calibrated as necessary to ensure their continued accuracy;
5. The discharger shall retain records of all SSOs, including, but not limited to:
 - a. All original strip chart recordings for continuous monitoring instrumentation;
 - b. Service call records and complaint logs of calls received by the discharger;
 - c. Spill calls;
 - d. Spill records;
 - e. Copies of all reports required by this Order;
 - f. The location of the overflow and the receiving water if any(street address or GPS coordinates);
 - g. An estimate of the volume of the overflow;
 - h. A description of the sewer system component from which the release occurred (e.g., manhole, constructed overflow pipe, crack in pipe);
 - i. The estimated date and time when the overflow began and when it stopped;
 - j. The cause or suspected cause of the overflow;
 - k. Steps that have been and will be taken to prevent the overflow from recurring and a schedule for those steps.
 - l. Work orders from the previous 3 years which are associated with responses and investigations of system problems related to sanitary sewer overflows;
 - m. A list and description of complaints from customers or others from the previous 3 years; and
 - n. Documentation of performance and implementation measures for the previous 3 years.

5. If monitoring is conducted of any SSO, records of monitoring information shall include:
 - a. The date, exact place, and time of sampling or measurements;
 - b. The individual(s) who performed the sampling or measurements;
 - c. The date(s) analyses performed;
 - d. The individual(s) who performed the analyses;
 - e. The analytical technique or method used; and,
 - f. The results of such analysis.
6. All monitoring reports shall be signed by an authorized person as required by Provision No. G.18.

C. SANITARY SEWER OVERFLOW REPORTING

1. All discharges of sewage that occur from the discharger's sanitary sewer system, that results in a discharge to a storm drain, drainage channel, and surface water body shall be immediately reported to the Regional Board as soon as the discharger's field staff is aware of the discharge, by telephone, voice mail, e-mail, or FAX.

Regional Board office hours are between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state holidays. Regional Board voice mail and Fax machine are on-line 24 hours a day, 7 days a week. Regional Board office has voice mail to enable 24 hour/7 days a week reporting at (909) 782-4130. Fax Number is (909) 781-6288.

2. The discharger shall report all SSOs using the attached Sanitary Sewer Overflow Report Form, or equivalent, within 5-days of the immediate notification. The information reported to the Regional Board in the initial telephone, voice mail, FAX, or e-mail report shall include, if known at the time:
 - a. The name and phone number of the person reporting the sanitary sewer overflow;
 - b. The responsible sanitary sewer system agency or private property owner;
 - c. An estimated date and time when the overflow began and when it stopped;

- d. Whether the sewage discharged to a storm drain or surface water body, how the spill was contained and treated, and how wash waters were disposed;
 - e. The estimated total sewer overflow volume, along with a description of how the volume was tabulated. (The discharger shall take photographs of the SSO for submittal as part of the quarterly report).
 - f. How much of the spilled sewage was returned to the system and how much of the wash waters and any water that has come into contact with the spilled sewage was returned to the sanitary sewer and how much sewage, wash water, and sewage contaminated water was discharged to waters of the State.
 - g. The location of the overflow and the location of the potential blockage or problem point. A description of the sewer system component from which the spill occurred. (e.g. manhole, constructed overflow pipe, crack in pipe);
 - h. The cause or suspected cause of the overflow;
 - i. A notation of whether or not the sewer overflow is still occurring at the time of the report;
 - j. Steps taken or planned to reduce, eliminate, and prevent reoccurrence of the overflow and a schedule of major milestones for those steps; and,
 - k. Confirmation that the local health services agency was or will be notified as required under the reporting requirements of the local health services agency.
3. Sanitary sewer overflows to storm drains tributary to Waters of the United States shall be reported as discharges to surface waters.
5. The Discharger shall report all sanitary sewer overflows greater than 1,000 gallons to the Office of Emergency Services (OES), in accordance with California Water Code Section 13271.

Office of Emergency Services
Phone (800) 825-7550
Use the Fax for follow-up only.
Fax (916) 262-1677

6. The discharger shall submit monthly reports of all SSOs. The monthly report shall provide the following information for each SSO.
 - a. All the info requested in C. 2 and listed on Sanitary Sewer Overflow Form attached to Monitoring and Reporting Program No. R8-2002-0014;
 - b. How the SSO volume was tabulated;
 - c. Picture(s) of spill required in C.2 e;
 - d. Cause or suspected cause of the overflow. Choose all that apply from a list of standardized causes: infrastructure failure (specify leak, insufficient capacity, damaged/broken pipe), blockage (specify grease, roots, debris, vandalism, or identify which multiple causes), pump station failure, significant wet weather event, natural disaster, or other.
 - e. Where the spill entered into the storm drain inlet;
 - f. Steps taken or planned to reduce, eliminate, and prevent reoccurrence of the overflow, and a schedule of major milestones for those steps;
 - g. Steps taken or planned to mitigate the impact(s) of the overflow, and a schedule of major milestones for those steps.
 - h. Any additional correspondence and follow-up reports, as necessary, to supplement the Sanitary Sewer Overflow Report Form and to provide detailed information on cause, response, adverse effects, corrective actions, preventative measures, or other information.
 - i. Enter the data on a computer disk or spreadsheet attachment to email in the format described below for submission to the Regional Board at the end of the quarter.
 - j. An IBM-PC DOS compatible disk or email, containing the data described below on all sanitary sewer overflows for the quarter shall be submitted monthly with a certification statement described in Provision No. G.18 of Order 01-99.
 - k. The disk shall be 3 1/2 inch, double sided, high density formatted for 1.44 MB or a CD-ROM. The information submitted shall be fully compatible with Microsoft EXCEL version 5.0. In order to safeguard the integrity of the information submitted on disk against errors caused by accidental changes, all information should be write protected. This can be done with Microsoft EXCEL version 5.0 by choosing "Protection" from Tools Menu, and choosing "Protect Sheet". If more than one sheet is created, protect every sheet with the same password. Any form of data protection may be used which will allow Regional Board staff to open the file and copy the data to a new file. This procedure will safeguard the integrity of information submitted on computer disk to the Regional Board. An EXCEL template of the database will be supplied.
 - l. The disk shall be labeled with:
 1. The dischargers name;
 2. Monitoring and Reporting Program No.01-99;
 3. The quarter and the year; and,

4. The software format.
 - m. Each sanitary sewer overflow shall be reported in a separate record in the file. Nonnumeric data shall be entered in capital and lower case letters.
 - n. The required fields for each record shall be in a format compatible with the SWRCB's SSO database.
7. A statement certifying that there were no sanitary sewer overflows for the quarter may be submitted in lieu of a floppy disk or email attachment.
8. Sanitary Sewer Overflow Summary Reports and certification statements shall be submitted to the Executive by the 30th day of the month following the spill reporting period. The first monthly summary report will be due July 30, 2002, for spills occurring during April through June 2002. Reports will be due monthly thereafter.
9. The discharger shall report SSOs resulting from pipe breaks, leaking sewer pipes and joints, and other subsurface discharges of sewage as part of the SSMP, based upon a methodology developed by the Steering Committee. . Subsurface discharges of sewage, that reach the ground surface, shall be reported immediately, in accordance with C.1.
10. Monitoring and Reporting Program No. R8-2002-0014 is effective as of ??.

Ordered by: _____
Gerard Thibeault
Executive Officer

Dated:

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SANTA ANA REGION**

SANITARY SEWER OVERFLOW REPORT FORM

09/19/01

ALL ITEMS ARE REQUIRED TO BE ADDRESSED.

1. THIS REPORT IS (CIRCLE ONE): PRELIMINARY FINAL

REVISED FINAL

2. SANITARY SEWER OVERFLOW SEQUENTIAL TRACKING NUMBER:

3. REPORTED TO: _____
(ENTER FAX, VOICE MAIL, OR NAME OF REGIONAL BOARD STAFF)

4. DATE REPORTED: ____ / ____ / ____ (MM/DD/YY)

TIME REPORTED: ____ : ____ (MILITARY OR 24 HOUR TIME)

5. REPORTED BY: _____

6. PHONE: (____) ____ - ____

7. REPORTING SEWER AGENCY: _____

8. RESPONSIBLE SEWER AGENCY: _____

9. OVERFLOW START: DATE: ____ / ____ / ____ (MM/DD/YY)

TIME: ____ : ____ (MILITARY OR 24 HOUR TIME)

10. OVERFLOW END: DATE: ____ / ____ / ____ (MM/DD/YY)

TIME: ____ : ____ (MILITARY OR 24 HOUR TIME)

11. ESTIMATED OVERFLOW FLOW RATE: _____ (GALLONS PER
MINUTE)

12. TOTAL OVERFLOW VOLUME: _____ (GALLONS)

13. DESCRIPTION OF HOW VOLUME WAS DETERMINED/CALCULATED, ATTACH
PHOTOGRAPH(S)/DIAGRAM(S):

14. OVERFLOW VOLUME RECOVERED: _____ (GALLONS)

15. OVERFLOW VOLUME RELEASED TO ENVIRONMENT: _____ (GALLONS)

SANITARY SEWER OVERFLOW LOCATION AND DESCRIPTION:

16. STREET: _____

CITY: _____ ZIP CODE: _____

17. COUNTY: ____ (SB, RV, OR)

18. SANITARY SEWER OVERFLOW STRUCTURE I.D.:

19. NUMBER OF OVERFLOWS WITHIN 1000 FT. OF THIS LOCATION IN PAST 12
MONTHS ____

20. DATES OF OVERFLOWS WITHIN 1000 FT OF THIS LOCATION IN PAST 12
MONTHS _____

21. OVERFLOW CAUSE --SHORT DESCRIPTION -- CIRCLE ONE

ROOTS

GREASE

LINE BREAK

INFILTRATION

ROCKS	BLOCKAGE	POWER FAILURE	PUMP STATION FAILURE
DEBRIS	VANDALISM	FLOOD DAMAGE	MANHOLE FAILURE
OTHER	UNKNOWN	CONSTRUCTION	PRIVATE PROPERTY

22. OVERFLOW CAUSE -- DETAILED DESCRIPTION OF CAUSE

23. SANITARY SEWER OVERFLOW CORRECTION -- DESCRIPTION OF ALL
PREVENTATIVE AND CORRECTIVE MEASURES TAKEN OR PLANNED.

24. WAS THERE MEASURABLE PRECIPITATION DURING 72-HOUR PERIOD PRIOR
TO THE OVERFLOW? ____ (Y OR N)

INITIAL AND SECONDARY RECEIVING WATERS:

25. DID THE SANITARY SEWER OVERFLOW ENTER A STORM DRAIN? ____

(Y OR N)

26. DID THE SANITARY SEWER OVERFLOW REACH SURFACE WATERS
OTHER THAN A STORM DRAIN? ____ (Y OR N)

27. NAME OR DESCRIPTION OF INITIAL RECEIVING WATERS. (IF NONE, TYPE
NONE)

28. NAME OR DESCRIPTION OF SECONDARY RECEIVING WATERS. (IF NONE,
TYPE NONE)

29. IF THE SANITARY SEWER OVERFLOW DID NOT REACH SURFACE WATERS,
DESCRIBE THE FINAL DESTINATION OF SEWAGE.

NOTIFICATION:

30. WAS THE LOCAL HEALTH SERVICES AGENCY NOTIFIED? ____ (Y OR N)

31. IF THE OVERFLOW WAS OVER 1,000 GALLONS, WAS THE OFFICE OF
EMERGENCY
SERVICES (OES) NOTIFIED? ____ (Y or N) (NOT APPLICABLE, ENTER NA)

AFFECTED AREA POSTING:

32. WERE SIGNS POSTED TO WARN OF CONTAMINATION? ____ (Y OR N)

33. LOCATION OF POSTING (IF POSTED): _____

34. HOW MANY DAYS WERE THE WARNING SIGNS POSTED? _____

35. WERE SAMPLES OBTAINED OF CONTAMINATED WATER? (ATTACH
RESULTS)

36.REMARKS:
